

[Business Letterhead]

[Date]

[Bank Name]

[Bank Branch Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request for Overdraft Facility

To the Bank Manager,

In connection with the audit of our financial statements, please provide directly to our auditors, [Auditor Name/Firm], the following information regarding our business overdraft facility as of the close of business on [Audit Cut-off Date]:

1. The maximum authorized limit of the overdraft facility.
2. The outstanding balance as of the date mentioned above.
3. The current interest rate applicable to the facility.
4. Details of any assets held as security or collateral for the facility.
5. The expiry or review date of the current facility agreement.

Please send the requested information to:

[Auditor Name]

[Auditor Address]

[Auditor Email Address]

A stamped, self-addressed envelope is enclosed for your convenience (if applicable). Alternatively, you may provide the information via secure electronic delivery.

Thank you for your prompt attention to this request.

Sincerely,

[Authorized Signature]

[Printed Name]

[Job Title/Position]

[Business Name]